

EP XXXXXXXX

Drug Abuse Warning Network (DAWN) Emergency Department Case Form

1. Facility ID								2. Cross-reference (for facility use only)	
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PATIENT INFORMATION

3. Date of Visit <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> MONTH DAY YEAR </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>	4. Time of Visit <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> HOUR MINUTES </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px; text-align: center;">3</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> military </div>	5. Age <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> AGE </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Less than 1 year <input type="checkbox"/> Not documented </div>
6. Patient's Home ZIP Code <div style="border: 1px solid black; width: 100px; height: 30px; margin: 2px;"></div> <p style="margin-top: 10px;"><i>Otherwise, mark [x] one response:</i></p> <div style="margin-top: 5px;"> <input type="checkbox"/> No fixed address (e.g., homeless) <input type="checkbox"/> Institution (e.g., shelter/jail/hospital) <input type="checkbox"/> Not documented </div>	7. Sex <div style="margin-top: 5px;"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not documented </div>	8. Race/Ethnicity <p style="margin-top: 5px;"><i>Mark [x] one or more:</i></p> <div style="margin-top: 5px;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not documented </div>

9. Case Description Describe how the drug(s) was related to the ED visit.
Copy verbatim from the patient's chart when possible.

10. Chief Complaint Mark [x] all that apply:

<input type="checkbox"/> Overdose	<input type="checkbox"/> Seeking detox
<input type="checkbox"/> Intoxication	<input type="checkbox"/> Accident/injury/assault
<input type="checkbox"/> Seizures	<input type="checkbox"/> Abscess/cellulitis/skin/tissue
<input type="checkbox"/> Altered mental status	<input type="checkbox"/> Chest pain
<input type="checkbox"/> Psychiatric condition	<input type="checkbox"/> Respiratory problems
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Digestive problems
<input type="checkbox"/> Other (specify): _____	

11. Substance(s) Involved *Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.*

Route of Administration

Circle one:

SAMHSA USE ONLY									Substance (record verbatim)	Mark [x] if confirmed by toxicology test	Oral	Injected	Inhaled, sniffed	Smoked	Other	Not documented
1											<input type="checkbox"/>	1	2	3	4	5
2									<input type="checkbox"/>	1	2	3	4	5	8	
3									<input type="checkbox"/>	1	2	3	4	5	8	
4									<input type="checkbox"/>	1	2	3	4	5	8	
5									<input type="checkbox"/>	1	2	3	4	5	8	
6									<input type="checkbox"/>	1	2	3	4	5	8	
7	C	2	0	0	0	2	9	Alcohol involved? ₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No ₈ <input type="checkbox"/> Not documented	<input type="checkbox"/>	1	2	3	4	5	8	

12. Type of Case <i>Mark [x] the first category that applies:</i> 01 <input type="checkbox"/> Suicide attempt 02 <input type="checkbox"/> Seeking detox 03 <input type="checkbox"/> Alcohol only (age < 21) 04 <input type="checkbox"/> Adverse reaction 05 <input type="checkbox"/> Overmedication 06 <input type="checkbox"/> Malicious poisoning 07 <input type="checkbox"/> Accidental ingestion 08 <input type="checkbox"/> Other	13. Diagnosis <i>List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.</i> <div> 1 _____ 3 _____ 2 _____ 4 _____ </div>
	14. Disposition <i>Mark [x] one:</i> <div> <div> <i>Treated and released:</i> 01 <input type="checkbox"/> Discharged home 02 <input type="checkbox"/> Released to police/jail 03 <input type="checkbox"/> Referred to detox/treatment </div> <div> <i>Admitted to <u>this</u> hospital:</i> 04 <input type="checkbox"/> ICU/Critical care 05 <input type="checkbox"/> Surgery 06 <input type="checkbox"/> Chemical dependency/detox 07 <input type="checkbox"/> Psychiatric unit 08 <input type="checkbox"/> Other inpatient unit </div> <div> <i>Other disposition:</i> 09 <input type="checkbox"/> Transferred 10 <input type="checkbox"/> Left against medical advice 11 <input type="checkbox"/> Died 96 <input type="checkbox"/> Other 98 <input type="checkbox"/> Not documented </div> </div>

Drug Abuse Warning Network (DAWN) Emergency Department Report

Selected Reporting Guidelines and Instructions

I. Reporting Guidelines

The following abbreviated guidelines and instructions highlight certain reporting items. Please refer to the detailed instructions found in the Instruction Manual for Emergency Departments for further information.

Complete a DAWN form for every patient treated in the emergency department for a condition that was induced by or related to their ingestion or use of a drug. The relationship of drug use to the ED visit must be substantiated by the medical record (presenting complaint, assessment, and/or diagnosis). NOTE: Drug use includes appropriate or inappropriate use of legal or illegal drugs.

Rely on information documented in the chart/record.
Do not make any assumptions.

II. Abbreviated Instructions for Completing Selected Items

Item 11. Route of Administration

Using only the information available in the patient's chart, indicate how the drug was used/ingested. **Do not make any assumptions about how the drug was administered.** The response categories are:

1. **Oral** – Substance was swallowed.
2. **Injected** – Substance was administered via needle.
3. **Inhaled/sniffed/snorted** – Substance, regardless of form (gas, powder, etc.) was aspirated (taken into the respiratory system) through the nose or mouth.
4. **Smoked** – Substance was smoked (includes freebase).
5. **Other** – All other routes of administration.
6. **Not documented** – To be used whenever the route of administration is not documented in the patient's chart.

Item 12. Type of Case

There are eight types of reportable cases. Use the following decision rules, in the following order, to determine how a case should be coded. Select the first category that applies:

1. Does the chart indicate that the patient attempted to commit suicide by a drug overdose? If yes, the case is a **Suicide attempt**. If no, go to #2.
2. Does the chart indicate that the patient is seeking a referral to detox or drug treatment, or that they are requesting assistance with their drug problem? If yes, the case is **Seeking detox**. If no, go to #3.
3. Is the patient under age 21, and is alcohol the only substance documented in the record? If yes, the case is **Alcohol only (age < 21)**. If no, go to #4.

(continued next column)

4. Does the chart indicate that the patient was (a) taking a prescription or over-the-counter drug or dietary supplement as prescribed/labeled and (b) had an allergic reaction, adverse reaction, drug interaction, or drug toxicity? If yes, that case is an **Adverse reaction**. If no, go to #5.
5. Does the chart indicate that the patient took more than the prescribed/labeled amount of a prescription or over-the-counter drug or dietary supplement? For example, the patient tried to make up for a missed dose, forgot they had taken a dose, or treated symptoms that did not subside with the recommended dose. If yes, the case is an **Overmedication**. If no, go to #6.
6. Does the chart indicate a confirmed or suspected incident in which the patient was deliberately poisoned with drugs by another person? (This includes cases with known assailants as well as product tampering.) If yes, the case is **Malicious poisoning**. Otherwise, go to #7.
7. Does the chart indicate that the patient took the drug(s) accidentally or unknowingly? If yes, the case is **Accidental ingestion**. If no, go to #8.
8. Code as **Other** all cases that do not fit into categories 1-7 above. This final category will include all ED visits related to recreational use, drug abuse, drug dependence, withdrawal, and any misuse that cannot be classified above.

Item 14. Disposition

Select the one item that best represents the patient's disposition from the emergency department, based on documentation in the chart. The response categories are:

Treated and released – if the patient was discharged from this ED and was not admitted to this hospital or transferred elsewhere, indicate whether the patient was discharged home, released to police/jail, or referred to detox/treatment. If the patient was discharged home and referred to detox/treatment, mark only referred to detox/treatment.

Admitted to this hospital – if the patient was admitted to this hospital, choose the location that best represents the unit to which they were admitted: ICU/Critical care, Surgery, Chemical dependency/detox, Psychiatric unit, or Other inpatient unit.

Other disposition – if none of the preceding categories apply, select from among the following:

- **Transferred** – the patient was transferred to another health care facility.
- **Left against medical advice** – the available documentation indicates that the patient left against the advice of ED staff.
- **Died** – the patient died after arriving in the ED but before being discharged, admitted, or transferred.
- **Other** – the discharge status is documented in the chart but does not fit into any of the preceding categories.
- **Not documented** – there is no information in the chart about the patient's disposition.

DAWN is operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), of the U.S. Department of Health and Human Services, as required in Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). DAWN is used to monitor trends in the adverse health consequences associated with drug use. Section 501(n) of the Public Health Service Act prohibits SAMHSA from using or disclosing DAWN data for any purpose other than that for which they were collected.

Public reporting burden for DAWN emergency departments is estimated at 12 minutes per case. This includes time for reviewing ED charts and completing case report and transmittal forms. Send comments regarding burden to SAMHSA Reports Clearance Officer, Paperwork Reduction Project 0930-0078, 5600 Fishers Lane, Rm 16-105, Rockville MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078.